NOTICE: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty as provided in 49 USC 60122.

OMB No. 2137-0629
Expiration Date 5/31/2024

		DOT USE ONLY	
U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	**ANNUAL REPORT FOR CALENDAR YEAR 20___** **GAS DISTRIBUTION SYSTEM**	**Initial Date Submitted**	
		Report Submission Type	
		Date Submitted	

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is. Public reporting for this collection of information is estimated to be approximately 16 hours per submission, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Important: *Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline/library/forms.*

PART A - OPERATOR INFORMATION | **DOT USE ONLY**

1. NAME OF OPERATOR

2. LOCATION OF OFFICE WHERE ADDITIONAL INFORMATION MAY BE OBTAINED

Number and Street

City and County

State and Zip Code

3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER
/ / / / / /

4. HEADQUARTERS NAME & ADDRESS, IF DIFFERENT

Number and Street

City and County

State and Zip Code

5. STATE IN WHICH SYSTEM OPERATES:/ / / (provide a separate report for each state in which system operates)

6. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GROUP *(Select Commodity Group based on the predominant gas carried and complete the report for that Commodity Group. File a separate report for each Commodity Group included in this OPID.)*

☐ Natural Gas
☐ Synthetic Gas
☐ Hydrogen Gas
☐ Propane Gas
☐ Landfill Gas
☐ Other Gas → Name of Other Gas:

7. THIS REPORT PERTAINS TO THE FOLLOWING TYPE OF OPERATOR *(Select Type of Operator based on the structure of the company included in this OPID for which this report is being submitted.)***:**

☐ Investor Owned
☐ Municipally Owned
☐ Privately Owned
☐ Cooperative

PART B - SYSTEM DESCRIPTION	Report miles of main and number of services in system at end of year.

1. GENERAL

	STEEL				PLASTIC	CAST/ WROUGHT IRON	DUCTILE IRON	COPPER	OTHER	Reconditioned Cast Iron	SYSTEM TOTAL
	UNPROTECTED		CATHODICALLY PROTECTED								
	BARE	COATED	BARE	COATED							
MILES OF MAIN					*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
NO. OF SERVICES					*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*

2. MILES OF MAINS IN SYSTEM AT END OF YEAR

MATERIAL	UNKNOWN	2" OR LESS	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8" THRU 12"	OVER 12"	SYSTEM TOTALS
STEEL							*Calc*
DUCTILE IRON							*Calc*
COPPER							*Calc*
CAST/WROUGHT IRON							*Calc*
PLASTIC 1. PVC							*Calc*
2. PE							*Calc*
3. ABS							*Calc*
4. OTHER PLASTIC							*Calc*
OTHER							*Calc*
Reconditioned Cast Iron							*Calc*
SYSTEM TOTALS	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*

Describe Other Material: _____

3. NUMBER OF SERVICES IN SYSTEM AT END OF YEAR — **AVERAGE SERVICE LENGTH _____ FEET**

MATERIAL	UNKNOWN	1" OR LESS	OVER 1" THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8"	TOTAL
STEEL							*Calc*
DUCTILE IRON							*Calc*
COPPER							*Calc*
CAST/WROUGHT IRON							*Calc*
PLASTIC 1. PVC							*Calc*
2. PE							*Calc*
3. ABS							*Calc*
4. OTHER PLASTIC							*Calc*
OTHER							*Calc*
Reconditioned Cast Iron							*Calc*
SYSTEM TOTALS	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*

Describe Other Material: _____

4. MILES OF MAIN AND NUMBER OF SERVICES BY DECADE OF INSTALLATION												
	UN-KNOWN	PRE-1940	1940-1949	1950-1959	1960-1969	1970-1979	1980-1989	1990-1999	2000-2009	2010-2019	2020-2029	TOTAL
MILES OF MAIN												*Calc*
NUMBER OF SERVICES												*Calc*

PART C - TOTAL LEAKS AND HAZARDOUS LEAKS ELIMINATED/REPAIRED DURING YEAR				
	Mains		Services	
CAUSE OF LEAK	Total	Hazardous	Total	Hazardous
CORROSION FAILURE				
NATURAL FORCE DAMAGE				
EXCAVATION DAMAGE				
OTHER OUTSIDE FORCE DAMAGE				
PIPE, WELD, OR JOINT FAILURE				
EQUIPMENT FAILURE				
INCORRECT OPERATION				
OTHER CAUSE				

NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR _____

NUMBER OF HAZARDOUS LEAKS INVOLVING A MECHANICAL JOINT FAILURE _____

PART D – EXCAVATION DAMAGE

1. Total Number of Excavation Damages by Apparent Root Cause *Calc*

   a. One-Call Notification Practices Not Sufficient: _____

   b. Locating Practices Not Sufficient: _____

   c. Excavation Practices Not Sufficient: _____

   d. Other: _____

2. Number of Excavation Tickets _____

PART E – EXCESS FLOW VALVE (EFV) AND SERVICE VALVE DATA

Total Number Of Services with EFV Installed During Year _____

Estimated Number of Services with EFV In the System At End Of Year _____

Total Number of Manual Service Line Shut-off Valves Installed During Year _____

Estimated Number of Services with Manual Service Line Shut-off Valves Installed in the System at End of Year _____

PART F - TOTAL NUMBER OF LEAKS ON FEDERAL LAND REPAIRED OR SCHEDULED FOR REPAIR	PART G - PERCENT OF UNACCOUNTED FOR GAS
_____	Unaccounted for gas as a percent of total consumption for the 12 months ending June 30 of the reporting year. [(Purchased gas + produced gas) minus (customer use + company use + appropriate adjustments)] divided by (customer use + company use + appropriate adjustments) times 100 equals percent unaccounted for. For year ending 6/30_____ %.

PART H - ADDITIONAL INFORMATION

PART I - PREPARER

_____ _____
Preparer's Name and Title | Area Code and Telephone Number

_____ _____
Preparer's email address | Area Code and Facsimile Number

_____ _____
Name and Title of Person Signing | Area Code and Telephone Number

_____